

ZONING PERMIT APPLICATION

Municipality in which work will be performed: _____

PROPERTY INFORMATION

Owner: _____ Phone #: _____

Street Address: _____

City/State/ Zip: _____

Cell #: _____ Fax #: _____ Email: _____

CONTRACTOR INFORMATION

Contractor: _____ Phone #: _____

Street Address: _____

City/State/ Zip: _____

Contact Person: _____

Cell #: _____ Fax #: _____ Email: _____

IMPROVEMENT INFORMATION:

Cost of improvement: _____ Use of property: Residential Commercial Industrial

Type of use/structure: Single family detached dwelling Single family semi-detached dwelling

Detached garage Shed Fence Deck

Addition Swimming pool Carport Covered porch

Home Occupation/No Impact Home-Based Business (attach letter detailing proposed business)

Other: _____

The proposed building or structure is to be used as a _____

Size: Length _____ Width _____ Height _____

Will electric service be installed? Yes No (If yes, electrical permit required)

Will water supply/drain pipe be installed? Yes No (If yes, plumbing permit required)

By applying for this permit, I acknowledge that all information provided in this application is complete and accurate, that the work performed will be in conformance with the Pennsylvania Uniform Construction Code and/or any applicable ordinances of the municipality in which the work is to be performed as well as in accordance with the approved plan after a plan review has been completed. I understand that this is not a permit to begin work, but only an application for a permit and that work is not to start without a permit and that the fees for the permit may be doubled if work starts without a permit. I understand that if I give false information regarding this permit application that any permits issued based on this information will be invalid and the municipality could initiate legal proceedings against me, which could result in my being fined or imprisoned, or in the improvement being removed at my expense or any other legal remedy appropriate under the circumstances.

Applicant Signature _____

Date _____